

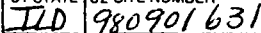


350663

30 12/1/83

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4/22/86

EPA 1798100001		POTENTIAL HAZARDOUS WASTE SITE PRELIMINARY ASSESSMENT PART 1 - SITE INFORMATION AND ASSESSMENT		I. IDENTIFICATION	
				01 STATE IL	02 SITE NUMBER 980901631
II. SITE NAME AND LOCATION					
01 SITE NAME (Legal, common, or descriptive name of site) Weaver		02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER SW 1/4 of Sect. 9, T26N, R3W			
03 CITY Washington		04 STATE IL	05 ZIP CODE 61571	06 COUNTY Tazewell	07 COUNTY CODE 179
08 COORDINATES LATITUDE 40 43 00.0		LONGITUDE 089 27 30.0		Washington, IL 7.5' Quad (109B)	
09 DIRECTIONS TO SITE (Starting from nearest public road) SE 1/4, SW 1/4, Section 9, T.26N, R3W, within Washington Township.					
III. RESPONSIBLE PARTIES					
01 OPERATOR (If known) Weaver Trucking Service		02 STREET (Business, mailing, residential) Box 146			
03 CITY Washington		04 STATE IL	05 ZIP CODE 61571	06 TELEPHONE NUMBER ()	
07 OWNER (If known and different from owner) Mrs. Bessie Wyss		08 STREET (Business, mailing, residential) 809 E. Jefferson			
09 CITY Washington		10 STATE IL	11 ZIP CODE 61571	12 TELEPHONE NUMBER ()	
13 TYPE OF OWNERSHIP (Check one) <input checked="" type="checkbox"/> A. PRIVATE <input type="checkbox"/> B. FEDERAL: _____ (Agency name) <input type="checkbox"/> C. STATE <input type="checkbox"/> D. COUNTY <input type="checkbox"/> E. MUNICIPAL <input type="checkbox"/> F. OTHER: _____ (Specify) <input type="checkbox"/> G. UNKNOWN					
14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply) <input type="checkbox"/> A. RCRA 3001 DATE RECEIVED: _____ MONTH DAY YEAR <input type="checkbox"/> B. UNCONTROLLED WASTE SITE (RCRA 103 c) DATE RECEIVED: _____ MONTH DAY YEAR <input checked="" type="checkbox"/> C. NONE					
IV. CHARACTERIZATION OF POTENTIAL HAZARD					
01 OR SITE INSPECTION <input checked="" type="checkbox"/> YES DATE 05-14-79 <input type="checkbox"/> NO MONTH DAY YEAR 05-03-79		BY (Check all that apply) <input type="checkbox"/> A. EPA <input type="checkbox"/> B. EPA CONTRACTOR <input checked="" type="checkbox"/> C. STATE <input type="checkbox"/> D. OTHER CONTRACTOR <input type="checkbox"/> E. LOCAL HEALTH OFFICIAL <input type="checkbox"/> F. OTHER: _____ (Specify) CONTRACTOR NAME(S): _____			
02 SITE STATUS (Check one) <input type="checkbox"/> A. ACTIVE <input checked="" type="checkbox"/> B. INACTIVE <input type="checkbox"/> C. UNKNOWN		03 YEARS OF OPERATION 1966 1974 Closed and Covered BEGINNING YEAR ENDING YEAR <input type="checkbox"/> UNKNOWN			
04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED Closed and Covered Landfill					
05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION groundwater (population) surfacewater (population/environment)					
V. PRIORITY ASSESSMENT					
01 PRIORITY FOR INSPECTION (Check one if high or medium is checked, complete Part 2 - Waste Information and Part 3 - Description of Hazardous Conditions and Incidents) <input type="checkbox"/> A. HIGH (Inspection required promptly) <input type="checkbox"/> B. MEDIUM (Inspection required) <input type="checkbox"/> C. LOW (Inspect on time available basis) <input checked="" type="checkbox"/> D. NONE (No further action needed, complete current disposition form)					
VI. INFORMATION AVAILABLE FROM					
01 CONTACT Mr. Glenn Weaver		02 OF (Agency/Organization) Owner		03 TELEPHONE NUMBER 130912633345	
04 PERSON RESPONSIBLE FOR ASSESSMENT Kenneth L. Page		05 AGENCY IEPA	06 ORGANIZATION RPMS	07 TELEPHONE NUMBER 12174826760	08 DATE 03 26 86 MONTH DAY YEAR



I HIGHLY VOLATILE
J EXPLOSIVE
K REACTIVE
L INCOMPATIBLE
M NOT APPLICABLE



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT

PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER

ILD 980901631

II. HAZARDOUS CONDITIONS AND INCIDENTS

01 ☒ A GROUNDWATER CONTAMINATION

03 POPULATION POTENTIALLY AFFECTED 10,000

02 ☐ OBSERVED (DATE:)

04 NARRATIVE DESCRIPTION

☒ POTENTIAL

☐ ALLEGED

all Landfills leak and there's a potential for groundwater contamination

01 ☒ B SURFACE WATER CONTAMINATION

03 POPULATION POTENTIALLY AFFECTED UNK.

02 ☐ OBSERVED (DATE:)

04 NARRATIVE DESCRIPTION

☒ POTENTIAL

☐ ALLEGED

The were problems at this site with leachate flows and seeps entering Tenmile Creek a tributary to the Illinois River

01 ☐ C CONTAMINATION OF AIR

03 POPULATION POTENTIALLY AFFECTED:

02 ☐ OBSERVED (DATE:)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

01 ☐ D FIRE/EXPLOSIVE CONDITIONS

03 POPULATION POTENTIALLY AFFECTED

02 ☐ OBSERVED (DATE:)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

01 ☐ E DIRECT CONTACT

03 POPULATION POTENTIALLY AFFECTED

02 ☐ OBSERVED (DATE:)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

01 ☐ F CONTAMINATION OF SOIL

03 AREA POTENTIALLY AFFECTED: (Acres)

02 ☐ OBSERVED (DATE:)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

01 ☐ G DRINKING WATER CONTAMINATION

03 POPULATION POTENTIALLY AFFECTED

02 ☐ OBSERVED (DATE:)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

01 ☐ H WORKER EXPOSURE/INJURY

03 WORKERS POTENTIALLY AFFECTED:

02 ☐ OBSERVED (DATE:)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

01 ☐ I POPULATION EXPOSURE/INJURY

03 POPULATION POTENTIALLY AFFECTED

02 ☐ OBSERVED (DATE:)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER
ILD 980901631

II. HAZARDOUS CONDITIONS AND INCIDENTS (Continued)

01 ☐ J. DAMAGE TO FLORA
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ K. DAMAGE TO FAUNA
04 NARRATIVE DESCRIPTION (Include name(s) of species)

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ L. CONTAMINATION OF FOOD CHAIN
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ M. UNSTABLE CONTAINMENT OF WASTES
(Soils runoff standing liquids leaking drums)
03 POPULATION POTENTIALLY AFFECTED _____

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

04 NARRATIVE DESCRIPTION

01 ☐ N. DAMAGE TO OFFSITE PROPERTY
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ P. ILLEGAL/UNAUTHORIZED DUMPING
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

05 DESCRIPTION OF ANY OTHER KNOWN, POTENTIAL, OR ALLEGED HAZARDS

III. TOTAL POPULATION POTENTIALLY AFFECTED: 10,000

IV. COMMENTS

The Site is closed and Covered since 1974

V. SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample analysis, reports)

I.E.P.A Division File - Land

EXECUTIVE SUMMARY

Weaver Landfill, ILD980901631, L1798100001, is a closed and covered landfill in the Township of Washington and Tazewell County.

The landfill began operation in 1966 and ceased and closed operations in 1974. A letter, dated May 18, 1976, was sent to Mr. Glenn Weaver from Rene Van Someren, Regional Supervisor, LPC/FOS informing him that his landfill was satisfactorily closed and covered.

No further action is needed if the site was properly closed and covered.

KP:tk:4/9/36(4/3/86)

3065 1 SE
(SPRING BAY)

